Occupational and Environmental Medicine

Engaging with Relevant Workplace Parties

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Occupational Medical Consultant

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Faculty/Presenter Disclosure

Occupational and Environmental Medicine

- **Faculty:** Sol Sax, MD, FRCPC FCBOM

- **Relationships with financial sponsors:**
  - **Grants/Research Support:** N/A
  - **Speakers Bureau/Honoraria:** ORAC, Shaftesbury, TTC
  - **Consulting Fees:** GSK, Bora Pharma, ThermoFisher Pharma, Kii Health, General Electric Vernova, GE HealthCare Terrapure Environmental
  - **Patents**: N/A
  - **Other:** N/A

Disclosure of Financial Support

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- **This program has received financial support from the Workplace Safety and Insurance Board (WSIB) in the form of an educational grant.**
- **This program has received in-kind support from** – N/A

- **<u>Potential for conflict(s) of interest</u>:**
  - None

Mitigating Potential Bias

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- The information presented in this program is based on recent information that is explicitly “evidence-based”.

- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

Feedback from Prior Sessions

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- No requests for changes or additions

Learning Objectives

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By the end of this session, participants will be able to:

1. Describe WHY health care practitioners (HCPs) should engage with workplace parties
2. Explain WHEN HCPs should engage with workplace parties
3. Describe HOW HCPs might engage with workplace parties

Agenda

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- Roles in Occupational Medicine
- Ethics and The Law – WHO and HOW
- Privacy – HOW
- Getting it right - CONSENT and COMMUNICATION
- Stakeholders - WHO
- Disability or Occupational Injury Management --- WHY

Case study

Occupational and Environmental Medicine

Your 46-year-old male patient comes to see you in follow–up after 4 weeks with acute low back pain (LBP).

When he first saw you 1 week into his acute episode, you assessed that he had a low back sprain/strain and prescribed gentle, graded activity, NSAID's prn (non-steroidal anti-inflammatory drugs as needed), some stretches and heat. He tells you he is much better, but still a bit sore, and feels he needs another 4 weeks off work, and then he'll be fine to return to his job as a maintenance mechanic.

He gives you an Attending Physician's Report form to complete.

What do you do?

Occupational and Environmental Medicine

PHONE: 705-743-2121 FAX: 705-876-5132

PRHC Peterborough Regional Health Centre

OCCUPATIONAL HEALTH, SAFETY & WELLNESS

ATTENDING PRACTITIONER REPORT

REVISED JULY 2017

EMPLOYEE INFORMATION AND CONSENT (to be completed in full by employee ONLY)

NAME (Last, First): _____ CONTACT NUMBER: _____ STATUS: ☐FT ☐PT ☐TEMP

MANAGER: _____ DEPARTMENT: _____

OCCUPATION: _____ FIRST DAY ABSENT: _____

I hereby authorize the practitioner, by completing and signing this form, to fill out and release **all sections** of this form to my employer's Occupational Health, Safety & Wellness Department (OHSW) for the purposes of validating and managing my medical leave of absence, as it relates to my fitness for work. I understand that OHSW will keep my medical information confidential and it will be used to facilitate my return to work. I consent to allow OHSW to release the status of my absence, the duration, and my ability to return to work (including any restrictions) to only those individuals necessary to facilitate my medical leave, return to work, and/or accommodation.

By signing below, I acknowledge my understanding of the information above and I agree to provide my consent accordingly.

EMPLOYEE SIGNATURE: _____ DATE: _____

PRACTITIONER'S REPORT (to be completed in full by MD, NP or Physiotherapist ONLY)

Please complete this form to assist us in determining your patient's eligibility for sick leave due to total disability.
Please note that if your patient is not able to perform the regular duties of their job, we may be able to provide suitable modified work.
Please complete all applicable sections and return this form promptly to ensure continuation of wages and/or benefits for your patient.

If this is a workplace injury or illness, STOP! Do not use this form. Complete a WSIB Form 8.

1. Nature of illness/injury (no diagnosis required), e.g. neurological, orthopedic, respiratory, mental health:

_____

_____

☐ Communicable disease potentially reportable to Public Health ☐ Surgical Matter: OHIP Covered ☐YES ☐NO

☐ Hospitalized or fully bedridden from _____ to _____ ☐ Recurrent condition

2. First date of injury/illness: _____ Date of first visit for current health issue: _____

3. Is the patient participating in an active treatment plan? ☐YES ☐NO

4. If the patient is participating in an active treatment plan (e.g. medication/physiotherapy/counseling, etc.) please provide details
Please note: if your patient is a Registered Nurse, hired by PRHC prior to January 1, 2006, you do not need to complete question #4.

_____

_____

5. Is the patient presently under the care of a physician/other specialist? ☐YES ☐NO **If no, has a referral occured?** ☐YES ☐NO ☐N/A

6. Unable to perform job duties as of this date: _____ Expected return to regular duties: _____

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FUNCTIONAL ABILITIES (to be completed by qualified MD, NP, or Physiotherapist)

Was a formal assessment, testing, or measurement done to determine functional abilities? ☐ YES ☐ NO

PHYSICAL ABILITIES Physical limitations ☐ N/A

Lifting floor to waist	☐ 5-10kg	☐ up to 5kg	☐ other:
Lifting waist to shoulder	☐ 5-10kg	☐ up to 5kg	☐ other:
Lifting at or above shoulder	☐ 5-10kg	☐ up to 5kg	☐ other:
Reaching	☐ no over shoulder	☐ no overhead	☐ other:
Sitting/standing/walking	☐ up to 60 min.	☐ up to 30 min.	☐ other:
Pushing/pulling	☐ occasional		☐ other:
Bending/crouching/kneeling/climbing	☐ occasional		☐ other:
Hand function	☐ avoid gripping/pinching		☐ other:

COGNITIVE ABILITIES Cognitive limitations ☐ N/A

☐ Concentration ☐ attention ☐ memory ☐ communication
☐ Judgment (explain) _____
☐ Ability to use motorized vehicle, machinery and/or equipment
☐ Medication side effects: _____
☐ Other: _____

COMMENTS: _____

Practitioner's Stamp

Practitioner's Full Name: _____

Professional Designation/Specialty: _____

Signature: _____ Date: _____

Employees are responsible for the cost of the form being completed at the time of service and must submit the invoice to OHSW within one month of the service for reimbursement. A maximum of $40 will be paid to the employee. Please provide the employee with a receipt if they have paid the fee.

Roles Served by Occupational HCPs

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- Workplace Health Risk Assessment, Risk Management, Risk Communication
- Disability Management
- Occupational Disease Prevention and Surveillance
- Fitness to Work Evaluation
- Health Promotion
- First Aid and Crisis Management
- Policy Development

Ethics Considerations

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- Respect the Confidentiality of Medical Information
- Fair/Objective/Independent
  - Carefully weigh all opinions
- Are you acting as the Patient Advocate?
  - Try to behave as a **Health** Advocate
- Recognize your limitations and the *information imbalance* that exists
- Recognize the special skills of others

Privacy Legislation Ontario

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- Informed Consent – Implied versus Expressed
- Personal Health Information Protection Act (PHIPA) – Ontario
- Personal Information Protection and Electronic Documents Act (PIPEDA)
- College of Physicians and Surgeons of Ontario (CPSO) Policy
  - Mandatory Reporting Circumstances
- For consent to be considered valid, it must be an "informed" consent. The obligation to obtain informed consent must always rest with the HCP
- Understand the Mandatory reporting requirements of your College
  - (Drivers, Pilots, Railway, Maritime, etc.)

Disability Management

Occupational and Environmental Medicine

An active process of minimizing the impact of an impairment resulting from injury, illness, or disease on the individual's capacity to participate competitively in the working environment

- It is Proactive
- It is a Process that enables Labour and Management to assume joint responsibility as decision makers
- It promotes Prevention, Active Rehabilitation, and Safe and Timely return to work

(Adapted from Shrey and Lacerte - Principles and Practices of Disability Management in Industry – March 1, 1995)

Who are the Key Stakeholders?

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- You are the family physician reviewing a factory housekeeping employee who claims to have acquired occupational asthma due to exposure to chlorine bleach cleaning agents.

- In the next 60 seconds, list all the possible stakeholders you might want to communicate with or receive communications from as you work your way through the claim.

Disability Management - Who?

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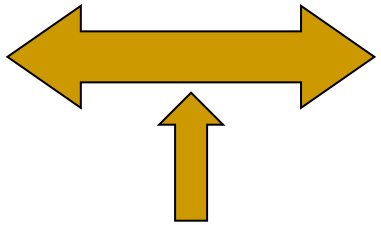
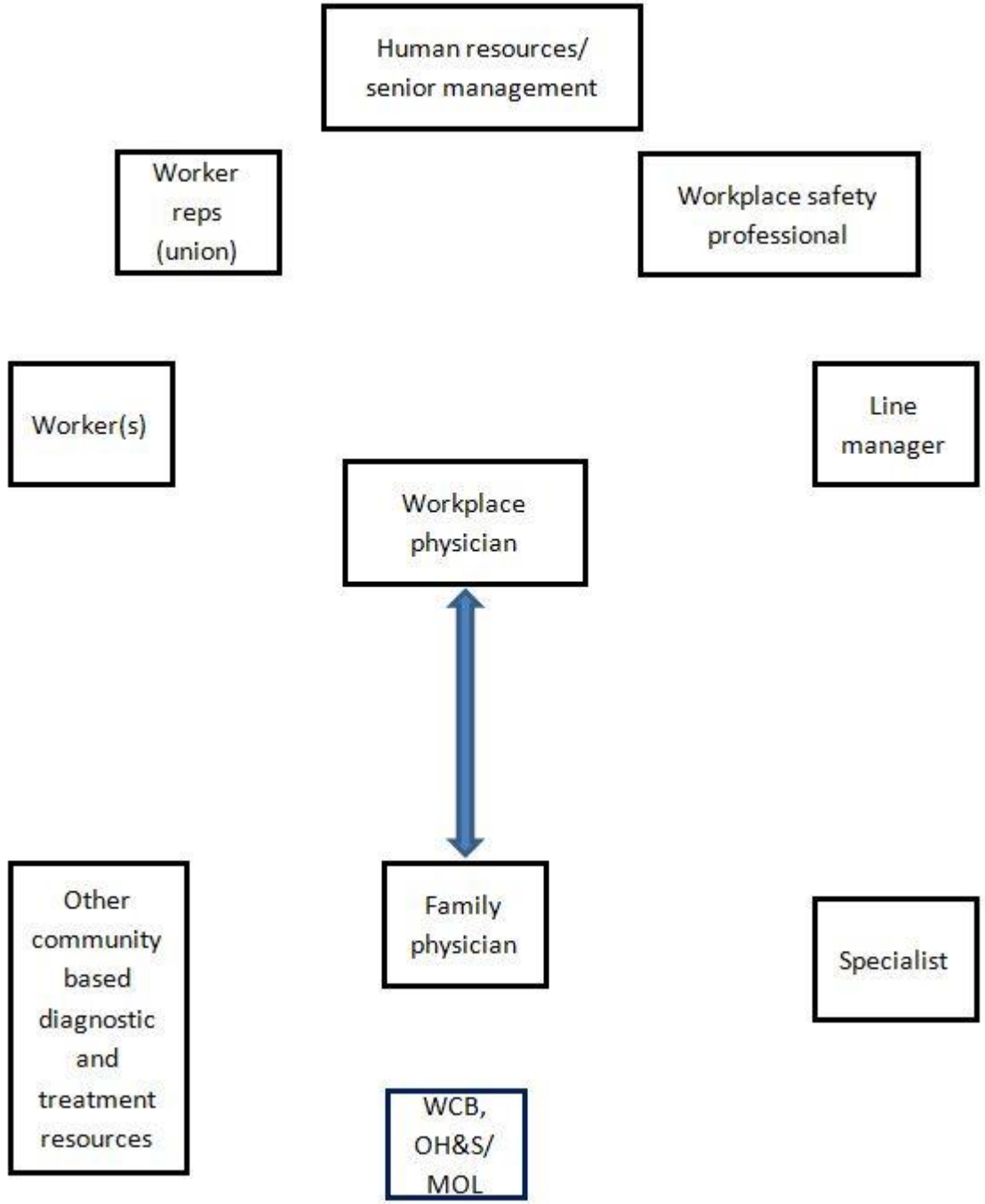
Manager  Employee

Human Resources
Health and Safety Professional
Occupational Hygiene
WSIB or Insurer Case Manager
Union
Legal
Personal HCP/Specialist

Occupational and Environmental Medicine



Disability Management - How?

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Guiding principles are that:

- Team efforts are focused on a safe, timely and sustainable return to work
- The disability case management model is behavioural, not primarily medically-based
- The Disability Case Management Specialist, Occupational Health Nurse and Corporate Advisor are **health** advocates not employee or employer advocates
- Successful outcomes are predicated on early intervention to establish the proper course of action, and,
- Supervisors/managers and employees are key team members whose relationship is critical to successful interventions

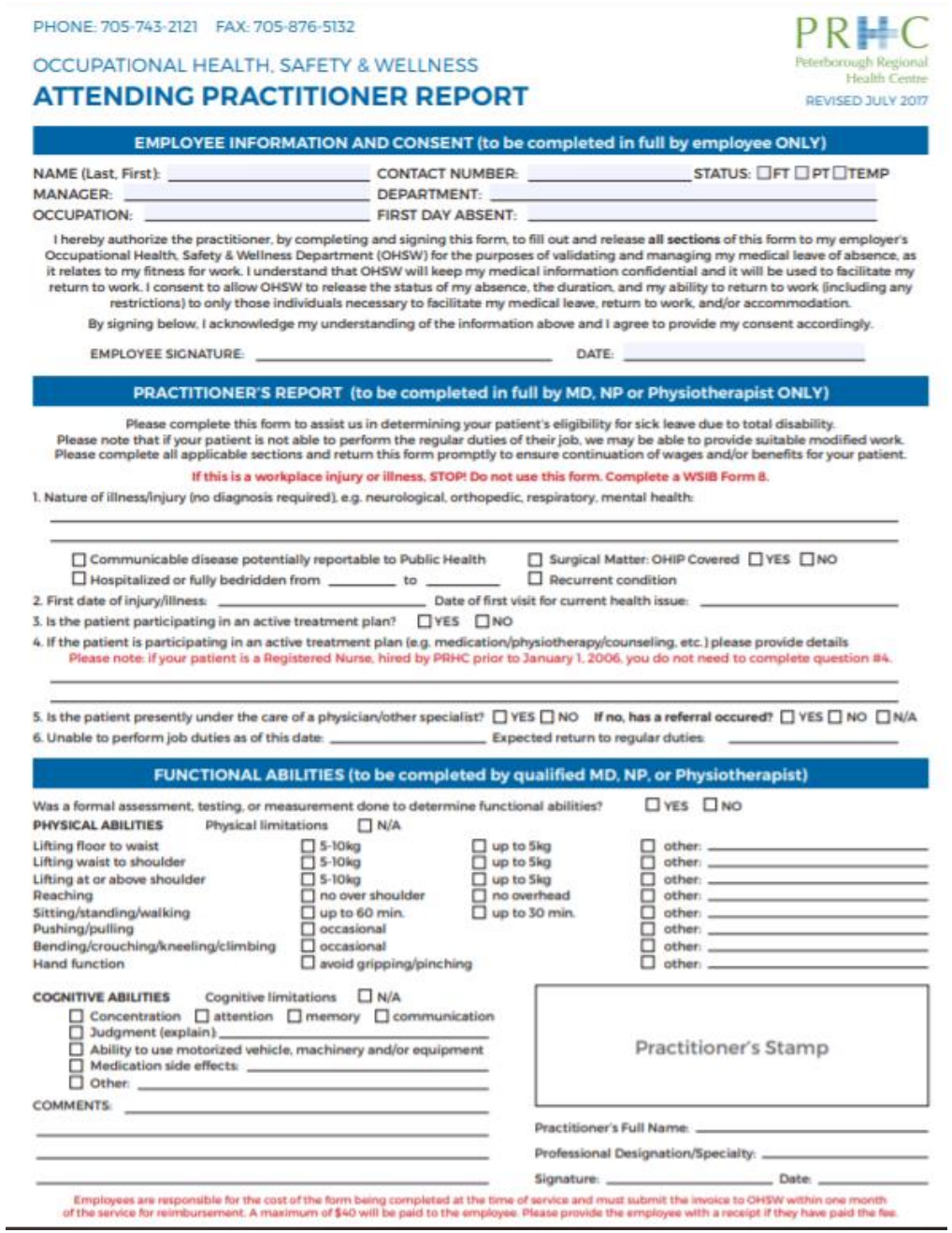
https://web.archive.org/web/20090612111231/http://www.bcpublicservice.ca:80/dismgmt

Attending Practitioner Report (APR)

Occupational and Environmental Medicine

Key Considerations:

- Is the consent block signed?
- What are you entitled to release?
- Answer all questions accurately, objectively, comprehensively and LEGIBLY
- Avoid editorial comments “you have no right to this information”
- Review the report with the patient



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Disability Management - Supplementary

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Re: Your Patient

To: Dr. Doctor,

Thank you for your support towards Ms. XYZ's well-being and safety at work. I am the Occupational Medical Consultant from ABC's Health, Safety, and Wellness department assisting management to find suitable accommodation.

Attached please find Ms. XYZ's medical release consent.

Ms. XYZ is currently a case worker on the Child and Youth unit at ABC. To identify how ABC may aid Ms. XYZ, we need objective medical evidence that would support Ms. XYZ's request. ABC is sincerely committed to the health and wellness of its employees and makes every reasonable effort to offer safe and meaningful work to those who require medical accommodations.

Disability Management - How?

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- Written Communications
  - APR
  - Supplementary Letter
  - Request for reports
- Verbal Communications
  - Outgoing
  - Incoming –”Doc-to-Doc” call

WSIB Reportability

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Reports re: Health care

37 (1) Every health care practitioner who provides health care to a worker claiming benefits under the insurance plan or who is consulted with respect to his or her health care shall promptly give the Board such information relating to the worker as the Board may require.

https://www.ontario.ca/laws/statute/97w16#BK41

Snarky or Inappropriate Notes

Occupational and Environmental Medicine

- The “Bossectomy” note
- The “I’m going to tell you exactly where to place this person” note
- The “I know so much more than you do” note
- The “ I’m a genius and you’re an idiot” note
- The “ Totally opposite to the Science” note

- Remember—your note may end up in a legal proceeding; you don’t want to look stupid or unprofessional.

Take Home Messages

Occupational and Environmental Medicine

- Understand your legal obligations
- Advocate for your patient's health
- Understand the key stakeholders
- Communicate professionally, accurately, timely, objectively, legibly
- Stay in your lane
  - Stick to fitness to do the job - Restrictions or Limitations
  - Do not opine on accommodation unless asked

Questions?

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